


23489

 0000694485 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		RECEIVED SOUTHBOROUGH TOWN CLERK State File # <b>2022 060442</b> <b>2023 JAN 17 P 4:02</b> OCME CASE # 2022-17466	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEASED	Decedent Name <b>MUISE JR, WILLIAM T</b> Place of Death <b>16 C STOWE ROAD, SOUTHBOROUGH, MA</b> Date of Death <b>DECEMBER 10, 2022</b> Date of Birth <b>NOVEMBER 30, 1964</b> Sex <b>MALE</b> Residence <b>16C STOWE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
	Branch of military (most recent) Rank/organization/outfit(most recent) --- ---				
	Date entered(most recent) Date Discharged (most recent) Service Number(most recent) --- --- ---				
	Certifier <b>ROBERT M. WELTON, MD</b> Lic # <b>256257</b> Addr. <b>720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118</b> Immediate Cause of Death <b>PENDING</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/ Designee <b>CHRISTOPHER M RONEY</b> Lic # <b>50559</b> Facility. <b>RONEY FUNERAL HOME, GRAFTON, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>DECEMBER 16, 2022</b> Place/Address <b>ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603</b>				
	<b>Endorsements</b>				
	Registry of Vital Records and Statistics State Tracking # <b>060442</b> Date <b>DECEMBER 16, 2022</b>		Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>E-PERMIT</b> Date --- Name of Agent ---		
	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
CONFIRMATION	Place of Disposition (Facility Name and Address) <b>All Faiths Crematory, Worcester</b>		Signature X 		
	Disposition Type <b>Cremation</b>	Date of Disposition <b>12/20/2022</b>	Name of Superintendent or Authorized Designee: <b>Paul A. Druin</b>		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000699743

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File # **063255** JAN - 9 2022

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	<b>MORRISON , EMILY ELIZABETH</b>		
	Place of Death	<b>257 CORDAVILLE ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death	<b>DECEMBER 27, 2022</b>	Date of Birth	<b>NOVEMBER 29, 1929</b> Sex <b>FEMALE</b>
	Residence	<b>257 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>			
	Branch of military (most recent)	Rank/organization/outfit(most recent) ---		
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent) ---	
CERTIFIER	Certifier	<b>CONNIE DREXLER, MD</b> Lic # <b>71130</b>		
	Addr.	<b>112 MAIN STREET, SUITE 108, NORTHBOROUGH, MASSACHUSETTS 01532</b>		
	Immediate Cause of Death	<b>END STAGE DEMENTIA</b>		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	<b>SCOTT A. JOHNSTON</b> Lic # <b>6373</b>
	Facility.	<b>MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS</b>
	Disposition Type	<b>BURIAL</b> Date of Disposition <b>JANUARY 03, 2023</b>
	Place/Address	<b>SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking #	<b>063255</b>
	Date	<b>JANUARY 02, 2023</b>
	Local Permit #	<b>E-PERMIT</b>
	Date	---
	Name of Agent	---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature
	<b>RURAL CEMETERY 11 CORDAVILLE RD, SOUTHBOROUGH MA SEC. 1, LOT 3TH, GRA. 3</b>	<b>X</b>
	Disposition Type	Name of Superintendent or Authorized Designee:
	<b>FULL EMBL EMBL</b>	<b>JAN. 3, 2023</b>

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

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Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File # 2022-048554

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	BELLI, RICHARD S		
	Place of Death	152 MARLBORO ROAD, SOUTHBOROUGH, MA		
	Date of Death	OCTOBER 06, 2022	Date of Birth	MAY 13, 1934
	Sex	MALE		
	Residence	152 MARLBORO ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
	Certifier	SHUN-HOW LEE, MD		Lic # 58531
	Addr.	600 WORCESTER ROAD, SUITE 503, FRAMINGHAM, MASSACHUSETTS 01702		
	Immediate Cause of Death	CONGESTIVE HEART FAILURE		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	BRIAN C. MCKINNEY	Lic # 50106
	Facility.	MCCARTHY, MCKINNEY & LAWLER FUNERAL HOME, FRAMINGHAM, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition
	Place/Address	SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH	
	State Tracking #	048554	Local Permit #	E-PERMIT
	Date	OCTOBER 11, 2022	Date	---
			Name of Agent	---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)	Signature	
	St. Michael Crematory 500 Canterbury Street Boston, MA 02131	Michael Sheehan	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	
Cremation	10/15/2022	Michael D. Sheehan, G.M.	

Acceptance of Permit

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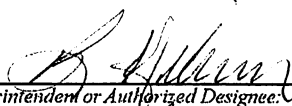
A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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SOUTHBOROUGH TOWN CLERK

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2022 OCT -6 P 3:00


 0000544430 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2021 016076</b>	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>MCDONALD, SHANNON H</b>				
	Place of Death <b>9 HICKORY ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>MARCH 26, 2021</b>		Date of Birth <b>AUGUST 30, 1965</b>		Sex <b>FEMALE</b>
	Residence <b>9 HICKORY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) <b>---</b> Rank/organization/outfit (most recent) <b>---</b>				
	Date entered (most recent) <b>---</b>		Date Discharged (most recent) <b>---</b>		Service Number (most recent) <b>---</b>
	Certifier <b>DEBORAH SCHRAG, MD</b> Lic # <b>77651</b>				
	Addr. <b>450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215</b>				
	Immediate Cause of Death <b>APPENDICEAL CANCER</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee <b>DAVID A PICKERING</b> Lic # <b>6170</b>				
	Facility <b>WESTBORO FUNERAL HOME, INC, WESTBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>MARCH 26, 2021</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>016076</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>MARCH 26, 2021</b>		Date <b>---</b> Name of Agent <b>---</b>		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY 11 CONDONVILLE RD. SOUTHBOROUGH, MA Sec. I, Lot 4.933A</b>		Signature <b>X</b> 		
	Disposition Type <b>CREMATION</b>	Date of Disposition <b>OCT. 4, 2022</b>	Name of Superintendent or Authorized Designee: <b>DAVID A. PICKERING</b>		

**Acceptance of Permit**

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

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No.	14626	Cremation Affidavit	2022 OCT -6 P 3:00
I certify that herein are contained the cremated remains of:			
<b>Holly Francine Gould</b>			Age
Cremated on the	29th	day of	August 2022
Date of death	August 18, 2022	Death County	Broward
Permit #		2022-5039961-5195	
Funeral Home	American Cremations		
Treasure Coast Crematory	By 		

THE CREMATED REMAINS OF PERSON STATED ABOVE WERE DISPOSED  
OF IN ACCORDANCE WITH ITS TERMS AT:

RURAL CEMETERY  
11 CUNDAYVILLE RD, SOUTH DOROUGH, FLA  
SEC. 16, LOT 25, GUYANA

ON: OCTOBER 1, 2022

  
BRIDGET H. GULLY



0000676899

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

2022 SEP 30 11:44  
State File # 2022 046286

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	LANGWAY , URSULA LUISA		
	Place of Death	7 BLUEBERRY LANE, SOUTHBOROUGH, MA		
	Date of Death	SEPTEMBER 25, 2022	Date of Birth	AUGUST 06, 1934
	Residence	7 BLUEBERRY LANE, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit(most recent)	
	Date entered(most recent)		Date Discharged (most recent)	Service Number(most recent)
CERTIFIER	Certifier	LI MING HU, MD		
	Addr.	571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702		
	Immediate Cause of Death	FAILURE TO THRIVE		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS	Lic # 50277
	Facility.	MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition
	Place/Address	RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking #	046286
	Date	SEPTEMBER 28, 2022

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature
	Disposition Type	Date of Disposition

Acceptance of Permit

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 0000675061 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2022 044668</b> 102 SEP 30 A 8:34	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>FERRAZ , JESUSMARIO FRANCISCO</b>				
	Place of Death <b>134 WOODLAND ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>SEPTEMBER 15, 2022</b>		Date of Birth <b>MAY 23, 1964</b>		Sex <b>MALE</b>
	Residence <b>1038 MAIN STREET, UNIT 3L, WORCESTER, MASSACHUSETTS 01603</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____		Date Discharged (most recent) _____		Service Number(most recent) _____
	Certifier <b>BRADLEY A. SWITZER, MD</b> Lic # <b>233914</b>				
	Addr. <b>1 EATON PLACE, WORCESTER, MASSACHUSETTS 01608</b>				
	Immediate Cause of Death <b>BOWEL PERFORATION</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/ Designee <b>SCOTT A. JOHNSTON</b> Lic # <b>6373</b>				
	Facility. <b>MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>SEPTEMBER 20, 2022</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>044668</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>SEPTEMBER 19, 2022</b>		Date _____ Name of Agent _____		
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address) <div style="text-align: center;"> <b>Rural Cemetery</b>  <b>180 Grove Street</b>  <b>Worcester, MA 01605</b> </div>			Signature 	
	Disposition Type <b>Cremation</b>	Date of Disposition <b>SEP 20 2022</b>		Name of Superintendent or Authorized Designee: <b>David Berthiaume</b>	

#### Acceptance of Permit

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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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SOUTHBOROUGH TOWN CLERK



0000658877

Form R-309 07012014

Commonwealth of Massachusetts  
Registry of Vital Records and StatisticsDISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT

State File #

2022 034287

8 P 2:11

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>JOHANSEN , KAREN J</b>		
	Place of Death <b>40 SEARS ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>JULY 14, 2022</b>	Date of Birth <b>SEPTEMBER 16, 1956</b>	Sex <b>FEMALE</b>
	Residence <b>40 SEARS ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
CERTIFIER	Branch of military (most recent)		Rank/organization/outfit(most recent)
	Date entered(most recent)		Date Discharged (most recent)
			Service Number(most recent)
	Certifier <b>JILL ALLEN, MD</b>		
	Lic # <b>226499</b>		
DISPOSITION	Addr. <b>55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114</b>		
	Immediate Cause of Death <b>PANCREATIC ADENOCARCINOMA</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>		
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
PERMIT	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JULY 18, 2022</b>
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>		
	Registry of Vital Records and Statistics		
	Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>034287</b>		
Local Permit # <b>E-PERMIT</b>			
Date <b>JULY 15, 2022</b>			
Date			
Name of Agent			
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
	Rural Cemetery 180 Grove Street Worcester, MA 01605		X <i>John H. Cobill</i>
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
	<b>Cremation</b>	<b>JUL 19 2022</b>	<b>John H Cobill</b>

## Acceptance of Permit

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SOUTHBOROUGH TOWN CLERK

2022 AUG - 8 P 1:11



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Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2022 033847

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	KENSINGER, MARIE A		
	Place of Death	4 MAPLE STREET, SOUTHBOROUGH, MA		
	Date of Death	JULY 11, 2022	Date of Birth	OCTOBER 29, 1938
	Sex	FEMALE		
	Residence	4 MAPLE STREET, SOUTHBOROUGH, MASSACHUSETTS 01745		
	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit(most recent)	
	Date entered(most recent)		Date Discharged (most recent)	Service Number(most recent)
CERTIFIER	Certifier	STEVEN COFFIN, MD		
	Addr.	246 MAPLE STREET, MARLBOROUGH, MASSACHUSETTS 01752		
	Immediate Cause of Death	END STAGE RENAL DISEASE		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS	Lic # 50277
	Facility	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition JULY 15, 2022
	Place/Address	RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 033847	Local Permit # 033847
	Date JULY 13, 2022	Date JULY 14, 2022
		Name of Agent JAMES F. HEGARTY

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
	RURAL CEMETERY 11 CORDAVILLE RD. SOUTHBOROUGH, MA SEC. C-EAST, LOT 19, GRV 4		X [Signature]
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
	RURAL CEMETERY	JULY 15, 2022	BRIDGET H. GILLENIE

Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000660192

Form R-309 07012014

Commonwealth of Massachusetts  
Registry of Vital Records and StatisticsDISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMITRECEIVED  
SOUTHBOROUGH TOWN CLERK  
State File # 2022-036018  
2022 AUG -8 P 1:11

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	BARTOLINI JR, LEO F		
	Place of Death	62 OAK HILL ROAD, SOUTHBOROUGH, MA		
	Date of Death	JULY 21, 2022	Date of Birth	MAY 12, 1950
			Sex	MALE
	Residence	62 OAK HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01745		
	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit(most recent)	
	Date entered(most recent)		Date Discharged (most recent)	Service Number(most recent)
CERTIFIER	Certifier	JOSEPH HARRINGTON, MD		
		Lic # 160004		
	Addr.	74 MAIN STREET, FRAMINGHAM, MASSACHUSETTS 01702		
	Immediate Cause of Death			
	CONGESTIVE HEART FAILURE			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	SCOTT A. JOHNSTON	Lic # 6373
	Facility.	MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition JULY 27, 2022
	Place/Address	SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking #	036018
	Date	JULY 27, 2022
	Local Permit #	E-PERMIT
	Date	—
	Name of Agent	—

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
	RURAL CEMETERY 11 CORDAVILLE RD. SOUTHBOROUGH, MA SEC 11- EAST, LOT 202, GRV. 2		X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
	FULL EARTH BURIAL	JULY 27, 2022	BRANDT L. GILLESPIE

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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RECEIVED  
SOUTHBOROUGH TOWN CLERK 78215  
2022 JUN 15 P 1:50

 0000560909 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # 2021 028201	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>MABARDY , FREDERICK PAUL</b>				
	Place of Death <b>32 DEERFOOT ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>JUNE 09, 2021</b>		Date of Birth <b>APRIL 01, 1955</b>		Sex <b>MALE</b>
	Residence <b>32 DEERFOOT ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
CERTIFIER	Certifier <b>ASHRAF ELKERM, MD</b> Lic # <b>81917</b>				
	Addr. <b>370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453</b>				
	Immediate Cause of Death <b>RECTAL CANCER WITH LIVER METASTASIS</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JUNE 11, 2021</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>028201</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>JUNE 10, 2021</b>		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY 11 CARDVILLE RD, SOUTHBOROUGH MA SEC. 3 LOT 25, BUILD 1</b>			Signature 	
	Disposition Type <b>CREMATION</b> Date of Disposition <b>JUNE 9, 2022</b>			Name of Superintendent or Authorized Designee: <b>BRUNET H. GILLESPIE</b>	
	<b>OF CREMATED REMAINS</b>				

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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RECEIVED  
SOUTHBOROUGH TOWN CLERK


 0000595537 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2022 JUN 15 P 1:50</b> 2021 053406	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>SULLIVAN , BARBARA JANE</b>				
	Place of Death <b>184 CORDAVILLE ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>NOVEMBER 08, 2021</b>		Date of Birth <b>JUNE 15, 1940</b>		Sex <b>FEMALE</b>
	Residence <b>184 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____		Date Discharged (most recent) _____		Service Number(most recent) _____
	Certifier <b>CONNIE DREXLER, MD</b> Lic # <b>71130</b>				
	Addr. <b>112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532</b>				
	Immediate Cause of Death <b>RESPIRATORY FAILURE</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/ Designee <b>PHILLIP R. SHORT</b> Lic # <b>50881</b>				
	Facility <b>SHORT &amp; ROWE FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>NOVEMBER 11, 2021</b>		
	Place/Address <b>ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>053406</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>NOVEMBER 12, 2021</b>		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY 11 CORDAVILLE RD. SOUTHBOROUGH, MA LOT 2, LOT 13A, LOT 21A</b>			Signature <b>X</b> 	
	Disposition Type <b>CREMATION OF CREMATED REMAINS</b>	Date of Disposition <b>MAY 26, 2022</b>		Name of Superintendent or Authorized Designee: <b>BRIDGET A. GULLENEY</b>	

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

0000427135 Form R-309 07012014	 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>	Plate # 1 A 4: 2029055377 OCME CASE # 2019-15665

Information necessary for the Certificate of Death has been completed for:


DECEDENT	Decedent Name <b>TITUS , ROBERT H</b>		
	Place of Death <b>4 MOORE ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>DECEMBER 09, 2019</b>	Date of Birth <b>JANUARY 09, 1957</b>	Sex <b>MALE</b>
	Residence <b>4 MOORE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____	Date Discharged (most recent) _____	Service Number(most recent) _____
CERTIFIER	Certifier <b>ANAND B. SHAH, MD</b>		Lic # <b>263749</b>
	Addr. <b>720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118</b>		
	Immediate Cause of Death <b>HANGING</b>		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b>		Lic # <b>50277</b>
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b>	Date of Disposition <b>DECEMBER 12, 2019</b>	
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>		

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>055377</b>	Local Permit # <b>E-PERMIT</b>
	Date <b>DECEMBER 11, 2019</b>	Date _____ Name of Agent _____

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY 11 CONNORVILLE RD SOUTHBOROUGH, MA Sec. I, Gov. 229A</b>		Signature <b>X</b> 
	Disposition Type <b>Single</b>	Date of Disposition <b>MAY 14, 2022</b>	Name of Superintendent or Authorized Designee: <b>CHRISTOPHER A. GILBERT</b>




Acceptance of Permit

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2022 APR -5 A 10: 54

 0000628770 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2022 013368</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>DALTON , LEONARD LEE</b>				
	Place of Death <b>59 PARKERVILLE ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>MARCH 05, 2022</b>		Date of Birth <b>NOVEMBER 30, 1935</b>		Sex <b>MALE</b>
	Residence <b>59 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) ---				
DECEDENT	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---		
	Date entered(most recent) ---		Date Discharged (most recent) ---		Service Number(most recent) ---
	Certifier <b>PAULA G. CARMICHAEL, MD</b>				
	Addr. <b>630 PLANTATION STREET, WORCESTER, MASSACHUSETTS 01605</b>				
	Immediate Cause of Death <b>PROGRESSIVE LOWER MOTOR NEURONOPATHY</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/ Designee <b>GARY F. TOYE</b>				
	Facility. <b>ADVANTAGE FUNERAL &amp; CREMATION SERVICES - MASSACHUSETTS, FRAMINGHAM, MASSACHUSETTS</b>				
	Disposition Type <b>REMOVAL FROM STATE</b>		Date of Disposition <b>MARCH 10, 2022</b>		
	Place/Address <b>NEW ENGLAND CREMATION SERVICES, 25 STARLINE WAY, CRANSTON, RHODE ISLAND 02921</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>013368</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>MARCH 10, 2022</b>		Date --- Name of Agent ---		
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name) <b>NEW ENGLAND CREMATION SERVICES</b> <b>25 STARLINE WAY, UNIT 10</b> <b>CRANSTON, RI 02921</b>			Signature  X	
	Disposition Type <b>CREMATION</b>	Date of Disposition <b>3.14.2022</b>		Name of Superintendent or Authorized Designee: <b>Michael Medeiros, Crematory Manager</b>	

**Acceptance of Permit**

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RECEIVED VICTORIA POLICE DEPARTMENT

1964-10-24

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